



Health Home PMPM Fee Schedule:

Member's Tier	PMPM Rate	*Modifier:
Tier 1 (1-3 chronic conditions)	\$12.80	U1
Tier 2 (4-6 chronic conditions)	\$25.60	TF
Tier 3 (7-9 chronic conditions)	\$51.21	U2
Tier 4 (10 or more chronic conditions)	\$76.81	TG

When is it appropriate to submit a PMPM Report for Health Home Services?

The criteria required to receive a monthly PMPM payment is:

- The member meets the eligibility requirements as identified by the provider and documented in the member's electronic health record (EHR).
- The member has full Medicaid benefits at the time the PMPM payment is made.
- The member has agreed and enrolled with the designated health home provider.
- The Health Home provider is in good standing with IME and is operating in adherence with all Health Home Provider Standards.
- The minimum service required to merit a Patient Management PMPM payment is that the person has received care management monitoring for treatment gaps defined as Health Home Services in this State Plan, or a covered service defined in this state plan was provided that was documented in the member's EHR.
- The health home will attest in IMPA, that the minimum service requirement is met. The patient medical record will document health home service activity and the documentation will include either a specific entry, at least monthly, or an ongoing plan of activity, updated in real time and current at the time of submission.

The PMPM payment is a reflection of the added value provided to members receiving this level of care and is risk adjusted based on the level of acuity assigned to each patient based on the provider's overall health assessment using the PTAT guidelines published by the State.